

<b>FINANCIAL AFFIDAVIT</b>	
IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE	
IN UNITED STATES <input type="checkbox"/> MAGISTRATE <input type="checkbox"/> DISTRICT <input type="checkbox"/> APPEALS COURT or <input type="checkbox"/> OTHER PANEL (Specify below)	
IN THE CASE OF _____	
FOR _____	LOCATION NUMBER _____
AT _____	
PERSON REPRESENTED (Show your full name) ➔ <u>CLARENCE FARLE</u>	1 <input type="checkbox"/> Defendant—Adult 2 <input type="checkbox"/> Defendant - Juvenile 3 <input type="checkbox"/> Appellant 4 <input type="checkbox"/> Probation Violator 5 <input type="checkbox"/> Parole Violator 6 <input type="checkbox"/> Habeas Petitioner 7 <input type="checkbox"/> 2255 Petitioner 8 <input type="checkbox"/> Material Witness 9 <input type="checkbox"/> Other
CHARGE/OFFENSE (describe if applicable & check box →) <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor	DOCKET NUMBERS Magistrate _____ Distric. Court <u>04-10065-MLW</u> Court of Appeals _____

## ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

ASSETS	EMPLOY- MENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed Name and address of employer: _____ IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment _____ How much did you earn per month? \$ _____												
		If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$ <u>N/A</u> If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____												
	OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 40%; text-align: center;">RECEIVED</th> <th style="width: 60%; text-align: center;">SOURCES</th> </tr> <tr> <td>IF YES, GIVE THE AMOUNT RECEIVED &amp; IDENTIFY THE SOURCES</td> <td></td> </tr> <tr> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>			RECEIVED	SOURCES	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES		\$ _____	_____	_____	_____		
	RECEIVED	SOURCES												
IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES														
\$ _____	_____													
_____	_____													
CASH	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____													
	PROP- ERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 40%; text-align: center;">VALUE</th> <th style="width: 60%; text-align: center;">DESCRIPTION</th> </tr> <tr> <td>IF YES, GIVE THE VALUE AND \$ DESCRIBE IT</td> <td></td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>			VALUE	DESCRIPTION	IF YES, GIVE THE VALUE AND \$ DESCRIBE IT		_____	_____	_____	_____	_____	_____
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IF YES, GIVE THE VALUE AND \$ DESCRIBE IT														
_____	_____													
_____	_____													
_____	_____													
OBLIGATIONS & DEBTS	MARITAL STATUS		Total No. of Dependents	List persons you actually support and your relationship to them										
	DEPENDENTS { <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR <input type="checkbox"/> DIVORCED		_____	_____										
	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.) {		Creditors	Total Debt										
	APARTMENT OR HOME: _____		Monthly Paymt.	_____										
		\$	\$	\$										
		\$	\$	\$										
		\$	\$	\$										
		\$	\$	\$										

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) \_\_\_\_\_

SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED) ➔
T. Farle 3/12/04